

LOUISIANA INSURANCE
RATING COMMISSION

P.O. Box 94157
BATON ROUGE, LOUISIANA 70804-9157
(225) 342-5202
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JAMES H. "JIM" BROWN
COMMISSIONER OF INSURANCE
CHAIRMAN

MEMBERS:
DAVID E. CHOZEN
ROBERT CLAYTON
MICHAEL FRANKS
SETH KEENER, JR.
ELIZABETH McKEE
STEVEN RUIZ

**LIRC DIRECTIVE
2000-01**

DATE: APRIL 20, 2000

**TO: ALL PROPERTY AND CASUALTY INSURANCE COMPANIES WITH
APPROVED TAXICAB RATES AND RULES IN LOUISIANA**

RE: LOUISIANA TAXICAB EXPERIENCE REPORT

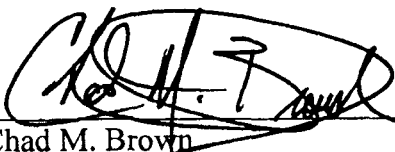
Under the authority of R.S. 22:1407(A)(3), the LIRC requests that all companies with approved taxicab rates provide experience generated under this program in the format prescribed.

Attached is the format for reporting taxicab experience. You must report your taxicab experience for the last six (6) calendar years (1994 – 1999) or beginning with the first year your company wrote taxicab business.

Data should be submitted to the LIRC no later than May 15, 2000.

Should an insurer fail to comply with the request for experience within the stated time frame, the LIRC and the Louisiana Department of Insurance reserve the right to take action as provided in L.R.S 22:1447 and other applicable provision of the Louisiana law.

If there are any questions regarding this bulletin, contact Richard Piazza at (225) 342-4690.



Chad M. Brown
Deputy Commissioner/LIRC

Attachment

Group Reporting (NAIC No.):

Companies (Name and NAIC No.):

Address:

Telephone Number:

Louisiana Taxicab Experience Report Instructions

Column:

- | | |
|---|---|
| <p>(1) Standard Written Premium is the direct Louisiana written premium including premium adjustments prior to any schedule rating adjustment.</p> <p>(2) Earned Premium is that portion of written premium (column 1) which has been allocated to the insurance company's loss experience, expenses, and profit as of the evaluation date.</p> <p>(3) Earned Taxicab Years is the number of taxicabs corresponding to the Earned Premium.</p> <p>(4) Paid Loss + ALAE is the amount of loss and allocated loss adjustment expense paid on claims directly arising as of the evaluation date and attributable to the policies and premium accounted for in columns 1 through 3.</p> | <p>(5) Case Loss + ALAE Reserves is the actual amount of loss and ALAE set aside, but not yet paid, and associated with specific claims as of the evaluation date and attributable to the policies and premium accounted for in columns 1 through 3.</p> <p>(6) Paid ULAE is equal to Paid Unallocated Loss Adjustment Expenses.</p> <p>(7) Paid Underwriting Expenses includes Commissions, Other Acquisition, Taxes, Licenses & Fees, General expenses and all other operating expenses.</p> |
|---|---|

I hereby certify that I am the _____ of the _____

_____ Title _____ doing business in the State of Louisiana

_____ Insurance Group or Company

and that I am authorized to make this certificate. I hereby certify that the within and foregoing is true and correct.

This the _____ day of _____, 19 ____.

Name _____ Signature _____

RETURN PROMPTLY TO:
Louisiana Insurance Rating Commission
Actuarial Services
P.O. Box 94157
Baton Rouge, LA 70804

**Louisiana Taxicab Experience
Report**

Evaluated as of 12/31/____

THIS FORM IS DUE ON OR BEFORE
MAY 15, 2000

CALENDAR YEAR DATA

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Calendar Year	Standard Written Premium	Earned Premium	Earned Taxicab Years	Calendar Year Paid Loss + ALAE	Year end Loss + ALAE Reserves	Paid ULAE	Paid Underwriting Expenses
1994							
1995							
1996							
1997							
1998							
1999							